

NJ DEPARTMENT OF MILITARY & VETERANS AFFAIRS

Application for Voluntary Furlough

(Effective through 30 June 2006)

INSTRUCTIONS FOR FURLOUGH APPLICATIONS

- Furlough requests must be submitted 7 days prior to the pay period in which furlough days are to be taken.
- If you wish to cancel your approved furlough request, cancellations must be received one pay period in advance of the scheduled time off.
- Timekeepers are to notify the payroll clerk on the last Friday of the pay period in which furlough time was taken.
- All furlough requests must be submitted to the Human Resources Division for processing.
- Furlough requests disapproved by a Division Director must be forwarded to the Director of the Human Resources Division, with written documentation stating the reason for denial.
- An employee shall not be permitted to use a voluntary furlough for any of the following purposes: sick leave; a leave without pay due to disability; or to seek or engage in alternate employment.
- Final approval for all furlough requests is to be granted by the Assistant Commissioner.

NAME

WORK LOCATION

DATE
(mm/dd/yy)

Please check which type of furlough you want and fill in the dates for the period of time in the blank spaces provided.

1. Shorter Workday: (must be taken in one-hour increments)

☐ Number of hours: _____

I am requesting consideration of the above be given for the period: _____ through _____
(mm/dd/yy) (mm/dd/yy)

2. Intermittent days or weeks:

☐ 1 day / pay period

☐ 1 week / pay period

☐ 1 day / week

☐ 1 week / month

☐ 2 days / week

☐ 1 week / year

I am requesting consideration of the above be given for the period: _____ through _____
(mm/dd/yy) (mm/dd/yy)

3. Day Options: (Single day or days on a one-time basis)

I am requesting consideration of the above be given for the period: _____
SPECIFY DATES (mm/dd/yy)

4. Consecutive Days/Extended Leave Options:

☐ Aggregate of time up to 30 days for any one furlough

☐ May be renewed at appointing authority option, but is treated as a new furlough for days exceeding 30.

I am requesting consideration of the above be given for the period: _____ through _____
(mm/dd/yy) (mm/dd/yy)

I fully understand that I will not be compensated for furlough leave.

EMPLOYEE

DIRECTOR

☐ Approved

☐ Disapproved

DATE

ASSISTANT COMMISSIONER

☐ Approved

☐ Disapproved

DATE